

STAMFORD POLICE DEPARTMENT

Citizen Complaint Form

The Stamford Police Department encourages citizens in reporting legitimate complaints against employees of the department. As a result, a thorough, impartial and confidential investigation will be conducted. Your complaint will be dealt with in an expeditious manner. If this complaint leads to a formal charge against an employee, you may be asked to participate in the hearing and/or arbitration process.

Date of Report:	Time:		Case Number (If applica	able):	
How Received: Phone Walk-in Other	If Other, Please Explain:				
Date of Incident:	Day of Incident:		Time of Incident:		
Location of Incident:	Nature of Complaint:				
	•				
Complainant's Name:	Complainant's Dat	e of Birth:	Complainant's Occupa	tion:	
Complainant's Address (Including Street, City, State and Zip Code):					
Home Phone #:	Work Phone #:		Cell Phone #:		
Employer:			Employer's Phone #:		
Employer's Address (Including Street, City, State and Zip Code):					
Complaint is Against (Name, Badge #, Car # or Physical Description):					
Complainte is rigurast (chaine, Bauge 11, can 11 of rinystem Beseription))					
Witness Information (Name, D.O.B., Address, Telephone, etc.):					
witness mormation (Name, D.O.B., Address, Telephone, etc.).					
Details of Incident (Explain the Incident on the Back Page):					
NOTE: The making of a false written statement, under oath, or pursuant to a form bearing notice, is a					
violation of Connecticut General Statute 53a-157b, and is a Class A Misdemeanor.					
Falsely reporting an incident or occurrence of an offense or providing false information related to an offense					
or incident is a violation of Connecticut General Statute 53a-180c, and is a Class A Misdemeanor.					
Supervisor Receiving Complaint	Employee #: Complainant's Signature		e:	Date:	
ADMINISTRATIVE USE ONLY					
Reviewed by:	Employee #:	Employee #: Refer		Referred To:	
Date Reviewed:	IAD#:		Action Taken:		

D. C. C. C.	
Details of Incident:	